

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) The 15104 | | FEC IDENTIFICATION NUMBER ▼ C C00607275 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Potomac Waves | | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 17 / 2016 | | |
| Mailing Address 3000 K Street, NW S320 | | | Amount 13920.91 | | |
| City Washington | State DC | Zip Code 20007 | Transaction ID : SE.4114 | | |
| Purpose of Expenditure Media Production | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 04 / 17 / 2016 | | |
| Name of Federal Candidate John Fetterman | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | | |
| Calendar Year-To-Date Per Election for Office Sought 132920.91 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Screen Strategies Media | | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 17 / 2016 | | |
| Mailing Address 11150 Fairfax Boulevard S505 | | | Amount 119000.00 | | |
| City Fairfax | State VA | Zip Code 22030 | Transaction ID : SE.4109 | | |
| Purpose of Expenditure Cable Advertising: People First | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2016 | | |
| Name of Federal Candidate John Fetterman | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | | |
| Calendar Year-To-Date Per Election for Office Sought 119000.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 132920.91 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 132920.91 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lora Haggard

[Electronically Filed]

Date

MM / DD / YYYY
04 / 18 / 2016

Signature